

**FINANCIAL AFFIDAVIT**

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

CJA 23

REV. 5/88

IN UNITED STATES  
IN THE CASE OF MAGISTRATE    DISTRICT    APPEALS COURT or    OTHER PANEL (Specify below)

VS.

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box →)    Felony    Misdemeanor

- Defendant—Adult
- Defendant—Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

EMPLOY- MENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   Am Self Employed Name and address of employer: <b>S &amp; AUTO SALES</b>
	IF YES, how much do you earn per month? \$ <b>1800</b> IF NO, give month and year of last employment How much did you earn per month \$ _____
ASSETS  OTHER INCOME	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ <b>3000</b> If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED   SOURCES RECEIVED & IDENTIFY \$ _____ THE SOURCES _____
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No   IF YES, state total amount \$ <b>700</b>
PROP- ERTY	Do you own any real estate, stocks bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE VALUE AND \$ <b>7500</b> DESCRIPTION <b>AC 1970 MA BIL</b> DESCRIBE IT _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No of Dependents <b>3</b>	List persons you actually support and your relationship to them
		DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS INCLUDING BANKS LOAN COMPANIES CHARGE ACCOUNTS ETC.)</small>	APARTMENT OR HOME Creditors _____	Total Debt \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)**POLK**